

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

5098

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Joseph's) (Ward) 13

File No. _____
 Registered No. 1200
 St. _____ Ward _____

2. FULL NAME

Mary B. Parks
 (a) Residence. No. 1711 East 39th St., 13 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. N. Parks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
40 0 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

10. NAME OF FATHER Isaac Sandusky

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT L. N. Parks
 (Address) 1711 East 39th

15. FILED 7/18, 19 30 M. M. Brown
 REGISTRAR Ass

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1930, to Feb 18, 1930 that I last saw h. or alive on Feb 13, 1930, and that death occurred, on the date stated above, at S. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis - at myo cerebral degeneration of the cerebral hemispheres (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Gray & Laboratory
 (Signed) W. H. Blanton M. D.

7/18, 19 30 (Address) 620 Ogden Pl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wichita, Kans. DATE OF BURIAL Feb. 20 1930

20. UNDERTAKER W. H. Newcomer's Sons ADDRESS 1002

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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